



W e s t c h e s t e r R E M A C General Meeting Minutes - November 17, 2008

Date: November 17, 2008
Time: 9:00 AM
Location: Westchester County Department of Emergency Services
Chairman: Dr. Nicholas DeRobertis, MD

MEMBERS

Dr. Mark Silberman
Dr. Ron Nutovits
Dr. Carlos Flores
Dr. Karlene Chin
Dr. Robert Marcus
Dr. Emil Nigro
Dr. Joseph Ponticiello
Dr. Richard Marino
Dr. Nicholas DeRobertis
Dr. David Goldwag
Dr. Tim Haydock

AFFILIATION:

Community Hospital at Dobbs Ferry
Hudson Valley Hospital Center
Lawrence Hospital
Mt. Vernon Hospital
Northern Westchester Hospital
Phelps Memorial Hospital Center
Sound Shore Medical Center
St. John's Riverside Hospital
St. Joseph's Medical Center
Westchester Medical Center
White Plains Medical Center

ATTENDANCE

Alt. – Dr. H. Cordi
Present
Present
Absent
Present
Absent
Alt – Dr. L. Rociunas
Present
Present
Present
Present

NON-VOTING MEMBERS

VACANT
Dr. Joli Yuknek
Dr. Richard Gallager
VACANT
Roland Faucher
Chief Anthony Chiarlitti

Medical Specialty (Trauma)
Medical Specialty (Pediatrics)/WPHC
Medical Specialty (Psychiatry) / WMC
EMS – Proprietary
EMS – Voluntary / MVFAVAC
Police / Pleasantville PD

VACANT
Excused
Absent
VACANT
Absent
Excused

GUESTS

Ray Cordi
Joseph Bilotto
Beth Sanger
Robert Prianti
Richard Robinson
Jeff Casas
Dr. Michael Guttenberg
Katherine O'Connor
Michael Volk
Dan Olmoz
Anthony Sutton
Dr. David Stuhlmiller

Empress EMS
Harrison EMS
North Salem VAC
NYP EMS
NYSDOH BEMS / MARO
Port Chester Rye Rye Brook EMS
St. Joseph's Medical Center
WCDES
WCDES
WCDES
WCDES
WMC / LNNY

MEETING

Meeting was called to order at 9:18 AM by Chair Dr. Nicholas DeRobertis. It was determined that a quorum was present. Minutes from the September 15, 2008, and October 20, 2008, meetings were disseminated to the members. Motion made by Dr. Goldwag and seconded by Dr. Cordi to approve the minutes as read. Motion passed.

MOLST

Brief discussion regarding whether or not hospitals were seeing / using MOLST forms. It was noted that the document is intended to be used between facilities and out-of-hospital, but some hospitals were considering using them as it is more comprehensive.

SEMAC

The next SEMAC meeting is scheduled for December 2nd.



PARAMEDIC CREDENTIALING

Katherine O'Connor reported that the Regional EMS Office had again been in communication with Empire State Ambulance, recently DBA Hudson Valley Paramedic Services (HVPS), regarding Westchester REMAC credentialing of their paramedics. Over this past summer, the company went through significant administrative changes. Communications were sent to all ALS services during this time regarding the status of providers in the REMAC system. Attempts were made to have the new Director of Operations, Joel Ingold, at HVPS verify the status of their paramedic staff without success. Recently, new communications were received that Mr. Ingold was no longer working for HVPS and that Robert Rizzo was now Director of Operations, but still there was update as to the credentialing of the paramedics that were currently working for the company. As it had been reported that the company was still doing intra-county transports, it was immediately requested that a listing of all of the providers on their active roster be submitted so that the Regional EMS Office could determine the status of these paramedics in the Westchester Region. To date no such list has been submitted, but the office was contacted by Mr. Rizzo who reported that they would need to have 52 paramedics credentialed as there were only 2 paramedics on their roster who currently hold Westchester REMAC ALS privileges. This situation is concerning considering that it was made clear a few years ago that Westchester REMAC credentialing was required for an agency to provide inter-regional ALS care in this system. The Regional EMS Office had several communications with HVPS administration in regards to setting up multiple dates to provide the written test, as well as queried all the medical directors in the area to ask if they could give their assistance towards completing the physician interactive (orals) component of the exam. However, in the past weeks the office had not received any new applicants from HVPS to come in for the written exam.

Chair asked representatives present from HVPS, Director of Operations Robert Rizzo and Director of Training Gil Styles, to explain how the agency planned on addressing these issues. Mr. Rizzo confirmed that he had been in conversation with the Regional EMS Office regarding this process, but felt that 3 weeks was not enough time to have all the paramedics complete the credentialing exams. He asked that they be allowed to have until December or January to be fully updated and promised that between him and Mr. Styles, a concerted effort would be made to meet the requirement.

Discussion regarding the nature of the operations of HVPS in the Westchester Region and whether all 52 of the paramedics identified by HVPS would be working regularly in the Westchester Region. According to Mr. Rizzo, the company provides interfacility transports, however some of these requests were "911" from nursing homes. Questions were raised regarding why local 911 is not called for these emergencies. Mr. Rizzo stated that if HVPS dispatch thought it was a true emergency, it would "dish" the call to 911. Mr. Rizzo stated that all the paramedics would not be in Westchester regularly, but that schedules changed on a daily basis. It was asked why a smaller number of individuals could not be identified who were more likely to operate in our area.

After lengthy conversation regarding the implications of having an ALS service not in compliance with the standing Medical Control Plan, the determination was made that HVPS may not conduct intra-regional ALS operations until their providers are credentialed by the Westchester REMAC. Facilities with which HVPS have contracts were to be contacted by HVPS and advised of the change in status. Requests for ALS services are to be turned over to 911 ALS or HVPS could enter into an agreement with another ALS service to work with them until they are able to resume ALS operations. It is expected that this situation would be resolved by next month, but the final timetable will be dependent on the number of providers to be tested.

HOSPITAL DIVERSION

Graphs representing the diversion rates of all the hospitals from January through November 2008 were disseminated. Also included was a graph showing the total number of diversions in 2007. As in the past, the data was blinded so the identity of each hospital was protected. It was noted again that there are couple of outliers in the data spread. Also provided was a copy of an article discussing a study completed by researchers at Columbia University that appears to confirm that heart attack deaths in New York City increased where ambulances were diverted from their original hospital destination.

SUBCOMMITTEES



W e s t c h e s t e r R E M A C

General Meeting Minutes - November 17, 2008

PROTOCOLS – Ms. O'Connor reported that she contacted Andrew Johnson in the NYSDOH BEMS office to confirm that the draft paramedic protocols are on the agenda for the December SEMAC meeting. According to her conversation with Mr. Johnson, to his knowledge no further information regarding the protocols was being requested prior to the meeting.

CREDENTIALING – It was noted that the committee should be re-formed to review and discuss credentialing issues. Volunteers will be sought to serve on this committee.

EVALUATION – A report from the Service Medical Director for the previously reported disciplinary issue is expected to be submitted at the end of the remediation process.

SPECIAL COMMITTEES

HUDSON VALLEY REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC) – Recent meeting cancelled. Next one expected to be held in January or February.

HUDSON VALLEY / WESTCHESTER HELICOPTER COMMITTEE – Dr. David Stuhlmiller reported that the next meeting has been scheduled for January 2, 2009.

Noting that this subject was prominent in the last REMAC meeting, Dr. Stuhlmiller reported that New York State hasn't experienced the same issues with safety in air medical services (AMS) that have been occurring more prominently this year than in previous years across the country. A great deal of attention has been placed on this year's crashes in an effort to figure out why there has been such an increase. Bills have been drafted addressing safety features on aircraft that will probably be introduced in the next Congress. In February, the NTSB will be holding an issues forum to afford the opportunity to generate ideas on how the air medical transport community can become safer. The AMS accreditation body, CAMTS, is studying whether fatigue has been a factor in the errors that are the cause of the most of the crashes. Night vision goggles (NVG) are being rolled out to almost every aircraft and helicopter in the country. Overall, the whole air medical transport community is trying many different angles to address the issue.

Dr. Stuhlmiller provided information regarding the data that was gleaned from the recent AMS study conducted by the SEMAC. The state policy regarding request of a helicopter includes situational criteria and physiologic criteria. Unlike other places in the country, New York doesn't support calling a helicopter based on mechanism criteria alone. In one 3-month review period, only 7% of the calls for AMS didn't meet any of the published criteria as a reason to call an aircraft. Specifically for Westchester County for the first 9 months of 2008 there were 28 flights, or about 3 per month on average. Eight-two percent of those were adult trauma, 10% pediatric trauma, and 7% were burn patients. Two flights, or 7%, did not meet the established criteria, mirroring the utilization across the state.

Another way to reevaluate medical flights or trauma or medical scene flights is to review what happened to the patient after they got to the hospital. As a surrogate marker for the need for helicopter transport, most programs look at the incidents of death, surgery, or admission to the ICU or CCU within 24 hours. Markers that tend to indicate "not so good utilization of a helicopter" are if a patient was discharged within 24 hours or was admitted to non-ICU setting. Looking through the data available for the 28 patients that were transported via AMS in Westchester, 2 patients did not meet criteria, but one of them actually went to the ICU with multiple rib fractures and a spinal fracture, while the other was admitted to a non-ICU setting. Overall, 2 patients (7%) died; 64% went to the ICU; 21% went to the OR, and 6 (21%) went to a non-ICU setting. If the 24 hour period is used as a judge, then 21% of the flights in Westchester County did not go to the OR, died or went to the ICU.

Dr. Stuhlmiller pointed out that since one of the 2 patients that didn't meet any of the criteria for launch ended up in ICU with multiple fractures in the thorax, the question then becomes: what is an acceptable over triage rate? There is no absolute benchmark and trauma systems prefer over triage. An acceptable over triage rate for trauma surgeons might be upwards of 15% to be certain that everyone who's traumatically injured is identified. This may not be acceptable for AMS because there is greater concern for safety and avoiding crashes. Considering the numbers found by looking at the state data, Dr. Stuhlmiller thought the rate of 7% of patients transported by AMS not meeting the criteria is acceptable.

Discussion regarding the impact of who is requesting an AMS transport. It is expected that higher trained medical providers have a better understanding of when to call and not to, but that most of the calls are initiated by police



W e s t c h e s t e r R E M A C

General Meeting Minutes - November 17, 2008

officers who do not have that training. It is up to the EMS responders to re-evaluate the need on their arrival and cancel the request if AMS is not indicated. Dr. Stuhlmeier stated that over 30% or so flights that are dispatched in New York State are cancelled.

Discussion that regarding studies that are examining the benefit of AMS as opposed to ground services. Dr. Haydock brought up a study from Texas that examined whether AMS may provide limited, if any, benefit in many circumstances when compared to ground units. He offered that while it is certainly indicated in some situations, use of AMS doesn't make sense in places where rapid ground transport is available to institutions. Looking at the current efforts to develop evidence-based prehospital medicine practices, there's data coming out that will effect the way EMS systems have traditionally thought about the delivery of care.

NOTICES OF INTENT

A report of PAD notices received since the last meeting was unavailable. It will be provided at the next meeting.

APPLICATIONS FOR SPECIAL PERMISSIONS (I.e. Albuterol, Mark I, EMTD)

No applications for special permissions were received.

OLD BUSINESS

AHA MISSION LIFELINE SURVEY – Ms. O'Connor reported that the Regional EMS Office worked with Ms. Pica and the Chair to review and re-adjust the support letter. A companion document was also developed to walk the agencies through the survey. As had been discussed at the last meeting, there were concerns regarding having a BLS agency answering questions that are aimed at an ALS service. The document also highlighted regional responses that should be provided based upon our system. The hope is that the document will help provide information that will be useful and accurate.

STEMI – As had been discussed previously, the Chair again suggested that the REMAC should look at the issue of STEMI-centers in general to be ready when NYSDOH does decide on designations. At this time the New York City is one of the models of what can be done on the regional level. The Chair asked for volunteers to serve on a TAG investigate the matter. The members selected for the TAG were Dr. Marcus (chair), Dr. Haydock, Dr. Marino, Dr. Flores and Dr. Goldwag.

WAVE FORM CAPNOGRAPHY (WFC) – Ms. O'Connor reported that no new information has been received from the NYSDOH regarding the anticipated mandate for WFC. It is expected that more information will be provided at the SEMSCO meetings in a couple of weeks. Ms. O'Connor provided an update regarding the status of regional agencies to meet the anticipated mandate. The only agency not heard back from was LifeNet, but it was assumed that they do have that capability. Currently, 13 agencies have WFC and 6 do not. Among the agencies with WFC, 11 stated it was on every ALS unit. Reported use or possession of advanced airways was a little surprising with 15 yes and 4 no, and by far Combitube was the preferred type carried, with one agency using King Airways and another LMAs. Thirteen of the agencies have say that they are on target for the deadline and 6 stated that they will be delayed. This number is a little skewed because TransCare provided statuses for both their transport and 911 operations which was both delayed due to the purchasing process they are involved in. Based on the information provided, the EMS systems affected by TransCare's delay would be White Plains, City of White Plains, City of New Rochelle, Town of Mount Pleasant and the Grasslands campus. The other ALS service that believed it would be delayed was Scarsdale VAC, but they have ordered the equipment and as long as Physio Control delivers it on time, they will have it. The only other services that will be delayed are the ILS agencies, Mohegan and Yorktown VACs.

Discussion regarding whether or not the REMAC would need to suspend ALS units after 1/1/09 that do not meet the proposed mandate. The SEMAC had indicated that the mandate would only apply to intubation. Agencies not having WFC were directed to manage airways with BLS methods or alternative ALS airways. Also discussed was whether or not the deadline mentioned will stand firm. The NYSDOH Commissioner may decide to extend the deadline. Although the SEMAC has been very firm about the implementation of this mandate to all situations involving ETT, both for emergencies and inter-facility transports, having such a large service as TransCare unable



W e s t c h e s t e r R E M A C

General Meeting Minutes - November 17, 2008

to meet the proposed deadline of 1/1/09 is concerning. The Chair will be drafting a letter to the Commissioner regarding the effect of this mandate on our system.

RYAN WHITE – Ms. O'Connor reported that there was a NYS Senate bill developed to create changes in law to address the problems caused by the redaction of language in the federal Ryan White protecting emergency medical providers (*copies of S8722 was distributed to the members*). Several members of the SEMAC had been involved with the effort to draft the language of the proposed legislation to allow health care providers who have an accidental work exposure the ability to have the source tested for certain diseases and to allow information related to those tests turned over to the health care provider who has been exposed. Unfortunately the bill that was being supported by SEMAC got caught up in politics and another similar bill that addresses more hospital processes was passed instead. The SEMAC and SEMSCO are still supporting the original bill and encouraging the legislature to move forward with it.

HOSPITAL MEETING – DES Commissioner Anthony Sutton reported that he had invited all the hospital CEOs to a meeting to discuss alternate capacity methodologies. The ideas proffered included use of medical tents, similar to the ones that the United Nations or the military uses, and to have them available for any number of reasons. The larger concept at the county level is to turn the Grasslands Campus into a kind of a medical facility with access control during a large medical event. The meeting was well attended and a great deal of feedback was received regarding many other needs that the hospitals have. It was seen as a way to help the general health system as well as assist DES and OEM to be able to respond to requests for sheltering outside a building.

Commissioner Sutton also reported that at the meeting they also discussed rolling out placement of radiation detectors in hospitals in Westchester County as an extension of a larger national program that's being worked on with New York City. The devices are passive, mounted just mounted outside the EDs or any entrances that the hospital designates. Also, larger portal monitors will be placed in certain institutions. There were concerns early regarding the number of false alarms given off by these types of detectors, but equipment has evolved to the point where it's very sensitive and discriminating.

Diversion was also discussed briefly, especially that so far the region has been lucky that there hasn't been a big flu season. The CEOs were reminded how bad it was a couple of years ago. The group talked about the fact that the system right now is just squeaking by, with a level of daily activity that can easily be pushed to a level that will overstress hospital admissions or ED visits.

COUNTY VEHICLE IDLING LAW – Commissioner Sutton reported on a recent bill that passed in the county regarding idling of vehicles. Originally, the prohibition included EMS vehicles as well. DES worked with the legislature to have this situation changed and were finally able to get emergency vehicles on official duty be exempted from that law. In some systems that use SSM, this sort of law is critical. Commissioner Sutton thanked the Board of Legislators for working with DES. The Board was receptive and worked hard to find language that was acceptable for everyone.

FINANCIAL CRISIS – Commissioner Sutton reported that with the economic crisis going on, Governor Patterson is proposing significant cuts to several health programs. Medicaid is poised to be reduced by 10% to Medicaid, which will mean millions of dollars to every hospital. Effects to EMS on the county level have been felt as well. A one-time grant that was going to be received from Senator Leibell to help defer expenses related to the regional program will most likely be cut. To review the savings plans being proposed for state programs and departments, visit the state website (<http://www.budget.state.ny.us>).

NEW BUSINESS

NEXT MEETING – Session was adjourned at 10:30 am. The next meeting is scheduled for Monday, December 15, 2008 at 9:00am.